



Lawrence County Department of Planning & Community Development

430 Court Street, New Castle, PA 16101 724-656-1907 724-656-2151(fax) amiller@lawrencecountypa.gov

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Full Name of Applicant				
Current Mailing Address of Applicant (Where Notification will be mailed)				
Phone Number(s) of Applicant				
Fax or E-Mail Address of Applicant				
ADDRESSING LOCATION INFO	RMATION:			
Township, Borough or City of New	Address			
Year the structure built was/will be	constructed			
Road that the <u>driveway</u> connects w	with			
Road the structure will face if a corr	ner lot			
Closest intersecting road				
Distance between closest intersection	ng road and you	ır driveway (in fe	et)	
Previous property owner (if known)				
Tax Parcel Number (obtain from La County Tax Assessor office 724-656				
As seen from the house facing the	1.5	to the house):		
Nearest residence on left	Name:		Address:	
Nearest residence on right	Name:		Address:	
Nearest residence across road	Name:		Address:	
REQUIRED INFORMATION: WE	are unable to	process reque	sts without this information.	·
Building Permit No. (attach copy):			Residential:	Comm./Ind./Other:
Deed or Lease (attach copy):			☐ Single Family	☐ Single Site
Required Documents where			☐ Multiple Famil	y
applicable (including compliance with PA MPC, Flood Plain			# of Ur	nits # of Units
Management Act, Stormwater Management Act, etc., copies			☐ Other	Other
must be included with				
application):				
Applicant must also submit an accurate map of your proposed location, roadways, driveways and neighboring structures with this application.				
Notice to Applicant: (1) The Department does not hand (2) All addressing requests are on (3) A \$75 Deposit is required for all (4) A New Address Notification Let (5) Addresses are subject to change	a first come, fir <u>// <i>applications.</i></u> ter will be retu	st serve basis. R The deposit can	equests can take 2 weeks to pro be refunded if field verification i	s not required.
<u>Lawrence Coun</u>	t <u>y Departmen</u>	t of Planning &	Community Development US	<u>SE ONLY</u>
Date Application Received:		Municipality:		
Field Verification Date:		Verified By:		
Address Assigned:		Estan 15	Date:	
Date Entered Into MSAG: GPS / LATLONG:		Entered By:		
Comments:				